

Bridge Building Camp Application



Camp Kinard / Lowman Home **Sunday-Friday, July 18-23, 2010**

Cost : \$80 Application Deadline – June 29, 2010
Send to: BB Camp: PO Box 43, Columbia, SC 29202

Staff needs: 15 - 18 youth, plus 1 male and 1 female 20 years or older.

NOTE: Participation is limited to 18 youth. Applicants will be selected and notified by July 7.

Name _____ Grade _____
(must have completed 8th-12th grade)

Address _____ Phone _____

City/State _____ Zip _____

e-mail address: _____ Congregation _____

This camp is a Love Project of the SC LCY organization. The purpose of this event is to build relationships between the generations and to share God's love in SERVICE to others. If this is not your primary reason for wanting to participate in this camp, do not complete this application. If, on the other hand, you do wish to commit these days to serving the needs of others, prayerfully answer the following questions.

1. Why do you wish to be a part of Bridge Building Camp? What impact does your faith have on this decision?
2. How do you feel about being around elderly persons?
3. Write two questions you would like to ask an elderly person? (Not related to you.)
4. How will you personally benefit from building a relationship with an older person?
5. What gifts (talents) can you share to make this experience a positive one for all involved?
6. If selected, will you pledge to dedicate yourself to working together with other participants to provide the best experience for all?

REFERENCES

Please provide the name, address, and telephone number of two adults who may be contacted as character references. These adults may be contacted and asked two questions; "In your opinion, would your name be qualified to serve as staff at Bridge Building Camp? Why do you feel this way?"

Name _____ **Phone** _____

Address _____

E-mail address: _____

Name _____ **Phone** _____

Address _____

E-mail: _____

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Emergency Medical Form

Event: SC Synod Bridge Building Camp
Location: July 18-23, 2010 - Camp Kinard, Batesburg - Leesville, SC; Lowman Home, White Rock; Pineridge Senior Center, Lexington

I hereby grant permission for _____ to attend the above event/s. I further grant permission for him/her to receive emergency medical treatment as may be necessary for any injuries or illness that may occur during the event/s. I understand that every effort will be made to contact parents/guardians before any medical treatment is administered. I hereby release the SC Synod, ELCA, its agents, and employees, from liability in connection with accident or injury, except as a result of gross negligence of the responsible party.

During this event I may be reached at one of the following telephone numbers, in the event of an emergency, _____ or _____

Please give any additional information of which we should be aware: (allergies, diet, medications, etc...) _____

Insurance Company: _____ Policy# _____

Parent/Guardian name printed: _____ Date _____

Parent/Guardian signature _____

Send completed form to: BB Camp, PO Box 43, Columbia, SC 29202